

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041507

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 255

**DO NOT WRITE ON THIS STUB**

AMENDED

<b>FILED NOV 27 1962</b>		1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico Missouri</u>		Length of stay in 1b <u>12 days</u>		c. CITY OR TOWN <u>Montgomery City Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lottie May Marshall</u>			4. DATE OF DEATH Month Day Year <u>Nov 13 th 1962</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-4-1885</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Montgomery Co Mo</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>John Sailor</u>		13b. MOTHER'S MAIDEN NAME <u>Edwena Hudson</u>		
14. NAME OF HUSBAND OR WIFE <u>Frank Marshall "Deed"</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		
17. INFORMANT <u>John Sailor Montgomery City Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension essential</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Diabetes Insipidus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 years</u> <u>2 years</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION <u>Mo</u>		COUNTY		STATE		
21. I attended the deceased from <u>11-1-62</u> to <u>11-12-62</u> and last saw <u>her</u> alive on <u>11-12-62</u> Death occurred at <u>12:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Harold Sanford M.D.</u> (Degree or title)		22b. ADDRESS <u>Missouri</u>		
22c. DATE SIGNED <u>11-27-62</u> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 15-62</u>		
23c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cemetery</u>		23d. LOCATION (City, town, or county) <u>Montgomery City Mo</u>		24. FUNERAL DIRECTOR <u>Crosshairs</u> ADDRESS <u>Montgomery City Mo</u>		
25. DATE RECD BY LOCAL REG. <u>Nov 19-1962</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>				

VS 300 Rev. 4/59  
2047  
2700  
3  
4 1  
5 2  
6  
7 0  
8 2  
9444X  
10  
11  
12 1-0  
13 2-0

DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYREWATER RIBBON  
Harold Sanford MD

NOV 28 1962

Permit obtained  
11/13/62  
BR

DEC 7 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
~~and~~ by on the 13 th day of Nov 1962, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. I487

Montgomery City Mo,  
P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.